

## Company & Contract Summary

Self-Insured Contracts are as follows:

Employer	Employer Contract Effective Date	Employee Obligation	Group #	Send Claims to:	Claims Paid By:	Verification of Benefits	Pre-Cert./ UR	Primary & Wrap Networks
<i>Anesthesia Associates of Gainesville</i>	01/01/2013	\$30 Co-Pay	8664	Benefit Support P.O. Box 2977 Gainesville, GA 30503	Benefit Support P.O. Box 2977 Gainesville, GA 30503	<u>Benefit Support</u> 770-532-2690	<u>Managed Care Concepts</u> 866-750-2723	HP (Primary) First Health (Wrap)
<i>Big Creek Foods, LLC</i>	08/01/2018	\$20 Co-Pay	8686	Benefit Support P.O. Box 2977 Gainesville, GA 30503	Benefit Support P.O. Box 2977 Gainesville, GA 30503	<u>Benefit Support</u> 770-532-2690	<u>Managed Care Concepts</u> 866-750-2723	HP (Primary) First Health (Wrap)
<i>Brenau University</i>	01/01/2020	\$25 Co-Pay	00475	EBMS PO Box 21367 Billings, MT 59104	EBMS PO Box 21367 Billings, MT 59104 Payer#81039	<u>EBMS</u> Member- 866-326-7574 Provider- 406-869-5555	<u>MAP</u> 877-573-5745	HP (Primary) Veracity (CHOA only)
<i>City of Gainesville</i>	01/01/2017	*Call Payor	359	Healthgram, Inc PO Box 11088 Charlotte, NC 28220-1088	Healthgram, Inc PO Box 11088 Charlotte, NC 28220-1088 Payer ID #56144	<u>Healthgram</u> <a href="https://providers.healthgram.com">https://providers.healthgram.com</a>	800-446-5439	HP (Primary) Healthgram & PHCS (Wrap)
<i>Cochran Brothers Electric</i> <b>Term</b> <b>03/01/2020</b>	03/01/2016	\$20/\$50 Co-Pay	8681	Benefit Support P.O. Box 2977 Gainesville, GA 30503	Benefit Support P.O. Box 2977 Gainesville, GA 30503	<u>Benefit Support</u> 770-532-2690	<u>Managed Care Concepts</u> 866-750-2723	HP (Primary) First Health (Wrap)
<i>Cottrell, Inc</i> <b>New</b>	01/01/2021	\$25 Co-Pay	424	Healthgram, Inc PO Box 11088 Charlotte, NC 28220-1088	Healthgram, Inc PO Box 11088 Charlotte, NC 28220-1088 Payer ID #56144	<u>Healthgram</u> <a href="https://providers.healthgram.com">https://providers.healthgram.com</a>	800-446-5439	HP (Primary) Healthgram & PHCS (Wrap)

Revised 01-08-2021

H:\Hltprts\PROVREL\Provider Handbook\Company & Contract Summary January 08, 2021.docx

## Company & Contract Summary

Self-Insured Contracts are as follows:

Employer	Employer Contract Effective Date	Employee Obligation	Group #	Send Claims to:	Claims Paid By:	Verification of Benefits	Pre-Cert./ UR	Primary & Wrap Networks
<i>Gainesville Radiology Group</i>	12/01/2013	\$30 Co-Pay	8668A	Benefit Support P.O. Box 2977 Gainesville, GA 30503	Benefit Support P.O. Box 2977 Gainesville, GA 30503	<u>Benefit Support</u> 770-532-2690	<u>Managed Care Concepts</u> 866-750-2723	HP (Primary) First Health (Wrap)
<i>Georgia Truss, LLC</i>	01/01/2016	\$25/\$50 Co-Pay	8680	Benefit Support P.O. Box 2977 Gainesville, GA 30503	Benefit Support P.O. Box 2977 Gainesville, GA 30503	<u>Benefit Support</u> 770-532-2690	<u>Managed Care Concepts</u> 866-750-2723	HP (Primary) First Health (Wrap)
<i>Habersham County BOC</i>	07/01/2018	\$25/\$50 Co-Pay	HM0000	Trustmark Health Benefits PO Box 2920 Clinton, IA 52733-2920	Trustmark Health Benefits PO Box 2920 Clinton, IA 52733-2920 EDI # 35182	<u>Trustmark Health Benefits</u> 800-554-4491	<u>Care Management</u> 800-480-6658	HP (Primary) Aetna (Wrap) Multiplan (Wrap)
<i>Humane Society of NEGA</i>	04/01/2015	\$35 Co-Pay See Card	8675	Benefit Support P.O. Box 2977 Gainesville, GA 30503	Benefit Support P.O. Box 2977 Gainesville, GA 30503	<u>Benefit Support</u> 770-532-2690	<u>Managed Care Concepts</u> 866-750-2723	HP (Primary) First Health (Wrap)
<i>Indigo Energy Partners</i>	07/01/2014	\$40/\$40 Co-Pay	8673	Benefit Support P.O. Box 2977 Gainesville, GA 30503	Benefit Support P.O. Box 2977 Gainesville, GA 30503	<u>Benefit Support</u> 770-532-2690	<u>Managed Care Concepts</u> 866-750-2723	HP (Primary) First Health (Wrap)

## Company & Contract Summary

Self-Insured Contracts are as follows:

Employer	Employer Contract Effective Date	Employee Obligation	Group #	Send Claims to:	Claims Paid By:	Verification of Benefits	Pre-Cert./ UR	Primary & Wrap Networks
<i>J &amp; J Foods</i>	07/01/2005	*Call Payor	8642	Benefit Support P.O. Box 2977 Gainesville, GA 30503	Benefit Support P.O. Box 2977 Gainesville, GA 30503	<u>Benefit Support</u> 770-532-2690	<u>Managed Care Concepts</u> 866-750-2723	HP (Primary) First Health (Wrap)
<i>Local Personnel, LLC</i>	12/01/2019	\$25 Co-Pay	8690	Benefit Support P.O. Box 2977 Gainesville, GA 30503	Benefit Support P.O. Box 2977 Gainesville, GA 30503	<u>Benefit Support</u> 770-532-2690	<u>Managed Care Concepts</u> 866-750-2723	HP (Primary) First Health (Wrap)
<i>Mar-Jac Poultry</i>	10/01/2001	\$35 Co-Pay	G1094	Administrative Solutions P.O. Box 2490 Alpharetta, GA 30023	Administrative Solutions P.O. Box 2490 Alpharetta, GA 30023	<u>Administrative Solutions</u> 678-339-0211	<u>Ineticare</u> 877-608-2200	HP (Primary) First Health (wrap)
<i>Northeast Georgia Health System</i>	01/01/2019	See ID Card	3342065	Claims Processing PO Box 182223 Chattanooga, TN 37422-7223	NGHS PO Box 182223 Chattanooga, TN 37422-7223 Payer ID #62308	<u>Cigna</u> www.CignaforHCP.com	<u>Cigna</u> 877-852-6138 (SEE BACK OF CARD)	HP (Primary) Cigna (Wrap)
<i>Northeast Georgia Plastic Surgery Associates</i> <i>New</i>	12/01/2020	\$40 Co-Pay	8691	Benefit Support P.O. Box 2977 Gainesville, GA 30503	Benefit Support P.O. Box 2977 Gainesville, GA 30503	<u>Benefit Support</u> 770-532-2690	<u>Managed Care Concepts</u> 866-750-2723	HP (Primary) First Health (Wrap)

## Company & Contract Summary

Self-Insured Contracts are as follows:

Employer	Employer Contract Effective Date	Employee Obligation	Group #	Send Claims to:	Claims Paid By:	Verification of Benefits	Pre-Cert./ UR	Primary & Wrap Networks
<i>Original Appalachian Artworks</i>	11/01/2010	*Call Payor	G1096	Administrative Solutions P.O. Box 2490 Alpharetta, GA 30023	Administrative Solutions P.O. Box 2490 Alpharetta, GA 30023	<u>Administrative Solutions</u> 678-339-0211	<u>Ineticare</u> 877-608-2200	HP (Primary) First Health (Wrap)
<i>Protein Products</i>	06/01/2005	\$20 Co-Pay	8544	Benefit Support P.O. Box 2977 Gainesville, GA 30503	Benefit Support P.O. Box 2977 Gainesville, GA 30503	<u>Benefit Support</u> 770-532-2690	<u>Managed Care Concepts</u> 866-750-2723	HP (Primary) First Health (Wrap)
<i>Specialty Management, Inc</i>	11/01/2018	See ID Card	8687	Benefit Support P.O. Box 2977 Gainesville, GA 30503	Benefit Support P.O. Box 2977 Gainesville, GA 30503	<u>Benefit Support</u> 770-532-2690	<u>Managed Care Concepts</u> 866-750-2723	HP (Primary) First Health (Wrap)
<i>Stephens County Hospital</i>	01/01/2020	\$25 Co-Pay	925	Core Administrative Services, Inc. PO Box 90 Macon, GA 31202-0090 NEIC # 58231	Core Administrative Services, Inc. PO Box 90 Macon, GA 31202-0090	<u>Core Administrative Services, Inc</u> 478-741-3521 or 888-741-2673	<u>Core Administrative Services, Inc</u> 478-741-3521 or 888-741-2673	HP (Primary) PHCS (Wrap)
<i>Union County, GA</i>	07/01/2015	\$20 Co-Pay	8567	Benefit Support P.O. Box 2977 Gainesville, GA 30503	Benefit Support P.O. Box 2977 Gainesville, GA 30503	<u>Benefit Support</u> 770-532-2690	<u>Managed Care Concepts</u> 866-750-2723	HP (Primary) First Health (Wrap)

Revised 01-08-2021

H:\Hltprts\PROVREL\Provider Handbook\Company & Contract Summary January 08, 2021.docx

## Company & Contract Summary

Self-Insured Contracts are as follows:

Employer	Employer Contract Effective Date	Employee Obligation	Group #	Send Claims to:	Claims Paid By:	Verification of Benefits	Pre-Cert./UR	Primary & Wrap Networks
<i>Union General Hospital, Inc</i>	04/01/2020	See ID Card	76-413450	UMR P.O. Box 30541 Salt Lake City, UT 84130-0541	UMR P.O. Box 30541 Salt Lake City, UT 84130-0541 EDI #39026	<u>UMR</u> 800-207-3172	<u>UMR Care Management</u> 800-207-3172	HP (Primary) UHC Choice Plus Network (Wrap)
<i>Young Harris College</i>	10/01/2019	\$30 Co-Pay	8689	Benefit Support P.O. Box 2977 Gainesville, GA 30503	Benefit Support P.O. Box 2977 Gainesville, GA 30503	<u>Benefit Support</u> 770-532-2690	<u>Managed Care Concepts</u> 866-750-2723	HP (Primary) First Health (Wrap)

## Company & Contract Summary

Medicare Advantage Contracts are as follows:

Network	Contract Effective Date	Employee Obligation	Group #	Send Claims to:	Claims Paid By:	Verification of Benefits	Pre-Cert./ UR	Primary & Wrap Networks
<i>Cigna Healthspring</i>	Varies by provider	N/A	N/A	See ID Card	Cigna Healthspring/CMS	See ID Card	See ID Card	Network Contract—Medicare Advantage
<i>Aetna Medicare Advantage (HP2)</i>	Varies by provider	N/A	N/A	See ID Card	<i>Aetna Medicare Advantage</i>	See ID Card	See ID Card	Network Contract—Medicare Advantage

Medicaid Contracts are as follows:

Employer/ Network	Contract Effective Date	Employee/ Member Obligation	Group #	Send Claims to:	Claims Paid By:	Verification/ Customer Service #	Pre-Cert./ UR	Primary & Wrap Networks
<i>CareSource</i>	07/01/2017	See ID card	N/A	CareSource Attn: Claims Dept PO Box 803 Dayton, OH 45401	CareSource Attn: Claims Dept PO Box 803 Dayton, OH 45401 Payor ID# GACS1	See ID Card	Medical Management 855-202-1058	Network Contract-CareSource CMO

## Company & Contract Summary

Fully-Insured Contracts are as follows:

<i>Employer/ Network</i>	<i>Contract Effective Date</i>	<i>Employee/ Member Obligation</i>	<i>Group #</i>	<i>Send Claims to:</i>	<i>Claims Paid By:</i>	<i>Verification/ Customer Service #</i>	<i>Pre-Cert/ UR</i>	<i>Primary &amp; Wrap Networks</i>
<i>Alliant Health Plans</i>	Varies by contract	See ID card	See ID card	Alliant Health Plans PO Box 2667 Dalton, GA 30722 NEIC# 58234	Alliant Health Plans PO Box 2667 Dalton, GA 30722	Alliant Customer Service 800-811-4793	Alliant Medical Management 800-865-5922	Network Lease (no HP logo will be on the ID card)
<i>CareSource Marketplace New</i>	01/01/2021	See ID Card	See ID Card	CareSource PO Box 803 Dayton, OH 45401-0803 NEIC# GACS1	CareSource PO Box 803 Dayton, OH 45401- 0803	CareSource Customer Service 833-230-2030 Caresource.com /Marketplace	CareSource Medical Management 833-230-2155	Network Lease (no HP logo will be on the ID card)
<p>Note: Health Partners' <i>other</i> contracts utilize the Health Partners Network. All the contracts use the HP Fee Schedule for reimbursement to physicians, <i>except Cigna HealthSpring, which reimburses at a percent of Medicare (depending on provider)</i>. Please refer to the patient's insurance card for additional information; if patient does not have an insurance card, they should be handled as self-pay.</p>								

\*Call Payor- Call for Benefit Information